

CORRECTIONS

In the article by Levine GM, Bates ER, Blankenship JC, et al., “2011 ACCF/AHA/SCAI Guideline for Percutaneous Coronary Intervention: Executive Summary: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines and the Society for Cardiovascular Angiography and Interventions,” which originally published online November 7, 2011, and appeared in the December 6, 2011, issue of the *Journal* (J Am Coll Cardiol 2011;58:2550-83; doi:10.1016/j.jacc.2011.08.008), the following corrections are necessary:

1. In Section 4.9. Periprocedural Myocardial Infarction Assessment (p. 2564), in the Class I recommendation, “creatinine kinase-MB and troponin I or T should be measured” should be changed to “creatinine kinase-MB and/or troponin I or T should be measured” so that the recommendation reads, “In patients who have signs or symptoms suggestive of MI during or after PCI or in asymptomatic patients with significant *persistent* angiographic complications (e.g., large side-branch occlusion, flow-limiting dissection, no-reflow phenomenon, or coronary thrombosis), creatine kinase-MB and/or troponin I or T should be measured. (*Level of Evidence: C*).”
2. In Section 4.9. Periprocedural Myocardial Infarction Assessment (p. 2564), in the Class IIb recommendation, “creatinine kinase-MB and/or troponin I or T” should be changed to “creatinine kinase-MB and/or troponin I or T” so that the recommendation reads, “Routine measurement of cardiac biomarkers (creatinine kinase-MB and/or troponin I or T) in all patients after PCI may be reasonable. (*Level of Evidence: C*).”

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In the article by Levine GM, Bates ER, Blankenship JC, et al., “2011 ACCF/AHA/SCAI Guideline for Percutaneous Coronary Intervention: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines and the Society for Cardiovascular Angiography and Interventions,” which originally published online November 7, 2011, and appeared in the December 6, 2011, issue of the *Journal* (J Am Coll Cardiol 2011;58:e44-122; doi:10.1016/j.jacc.2011.08.007), the following corrections were necessary:

1. In Table 12 (p. e78), the dosing for argatroban in the third column, “Patient Has Not Received Prior Anticoagulant Therapy” has been changed from “350 mcg/kg bolus, then 15 mcg/kg per min IV infusion” to “350 mcg/kg bolus, then 25 mcg/kg per min IV infusion.”
2. In Section 5.10. Periprocedural MI Assessment: Recommendations (p. e83), in the Class I recommendation, “creatinine kinase-MB and troponin I or T should be measured” has changed to “creatinine kinase-MB and/or troponin I or T should be measured” so that the recommendation now reads, “In patients who have signs or symptoms suggestive of MI during or after PCI or in asymptomatic patients with significant *persistent* angiographic complications (e.g., large side-branch occlusion, flow-limiting dissection, no-reflow phenomenon, or coronary thrombosis), creatine kinase-MB and/or troponin I or T should be measured. (*Level of Evidence: C*).”
3. In Section 5.10. Periprocedural MI Assessment: Recommendations (p. e83), in the Class IIb recommendation, “creatinine kinase-MB and/or troponin I or T” has changed to “creatinine kinase-MB and/or troponin I or T” so that the recommendation now reads, “Routine measurement of cardiac biomarkers (creatinine kinase-MB and/or troponin I or T) in all patients after PCI may be reasonable. (*Level of Evidence: C*).”

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Hammer S, Snel M, Lamb HJ, Jazet IM, van der Meer RW, Pijl H, Meinders EA, Romijn JA, de Roos A, Smit JW. Prolonged Caloric Restriction in Obese Patients With Type 2 Diabetes Mellitus Decreases Myocardial Triglyceride Content and Improves Myocardial Function. J Am Coll Cardiol 2008;52:1006-12.

In the paper above, the author EA Meinders name was listed incorrectly. It should be listed as A. Edo Meinders. To make it clear, it should be Meinders AE.

The authors apologize for this error.

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